								`						
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 Application or Docket Number (587, 662													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL!		OR	OTHER		
FOR			NUMBER FILED NUMBER				EXTRA	ſ	RATE	FEE	1	RATE	FEE	
BASIC FEE			Sam	U QMH	n ks	uksia	hi A			345.00	OR	717434	690.00	
TOTAL CLAIMS &			128						X\$ 9=		OR	X\$18=	194	
INDEPENDENT CLAIMS			1/2	minus	3=	9			X39=		OR	X78=	10C	
MU	MULTIPLE DEPENDENT CLAIM PRESENT										OR	+260=	246	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	3596	
9/13/4 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A	Medical materials	REMA	ims Ining Ter		HK NU PREV	MEST MBER MOUSLY P FOR	PRESENT EXTRA		RATE	ADDI- TIONAL- FEE		RATE	ADDI- TIONAL FEE	
	Total	.67	7	Minus	/	28	= /.		X\$ 9=		OR	X\$18=		
	Independent	1/0),	Minus	***	12	=/	l	X39=		OR	X78=		
_	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEF	PENDE	NT CLAIM		Ì	+130=	,	OR	+260=	,	
								Į	TOTAL			TOTAL		
/	01251	(Column	mn 1)		(Col	ບກາດ 2)	(Column 3)	,	ADDIT. FEE	L	J - ' '	ADDIT. FEE		
AMENOMENT 8		REMA	IMS INING	era de Septembro	HIG	HEST MBER	PRESENT	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	- 19		TER DMENT			/IOUSLY D FOR	EXTRA		MAIC	FEE	-	MAIL	FEE	
	Total	10	1_	Minus	"/0	28	=		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	1.5) NOSAT	Minus	/	J. OI ANY	=		X39=		OR	X78;=		
	HINS I PHESE	MIAHO	N UP MU	LIIPLE UEI	ENUE	VI CLAIM	<u>' </u>		+130=		OR	+260=		
	•	•						٠	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Colu	mn 1)		(Col	umn 2)_	(Column 3)	ĺ		•	-			
AMENDMENT C		CLA	IMS INING IER		HIC NU PREV	HEST MBER NOUSLY D FOR	.PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=	t	X\$ 9=		OR	X\$18=		
	Independent	•		Minus	•••		-	ŀ	X39=			X78=		
٧	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEF	PENDE	VT CLAIM		ŀ	A43-		OR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260≖		
**1	I the "Highest Nur	mbar Prev	riousty Pa	id For IN THE	S SPACE	E is loss tha	in 20, enter "20."	A	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
	If the "Highest Num The "Highest Num	mber Previ	nously Pak ously Pak	uo FOF (N IM) 1 For (Total or	o opaci Indeper	ndent) is the	มา 3, enier "3." a highest กบุmber	r fout	nd in the app	propriate box	in col	umn 1.		

FORM PTO-875 (Rev. 12/99)